PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

1 6735078

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				S FILED - PART (Column 1)		(Column 2)		SMALL ENTITY TYPE		OF	OTHER THAN	
	OTAL CLAIMS			10				RATE	FEE		RATE	FEE
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	Q OF	BASIC FE	E 770.00	
Ţ	OTAL CHARG	EABLE CLAIMS	(O m	([©] minus 20≐		*/		X\$ 9=	1	OF	X\$18=	
IN	DEPENDENT	CLAIMS	(n	(minus 3 =				X43=	1+	-	V00	
M	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT					++	OF		
*(f the differenc	ce in column 1 is	s less thán z	less than zero, enter "0" in column 2 MENDED - PART II			' .	+145=	126-	OR	<u> </u>	1
	_		•				•	TOTAL	385	OR		THAN
	• •	(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS . REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	. ADDI- TIONA FEE
NON NON	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	***		[= .		X43=		OR	X86=	
	CINOT PRES	ENTATION OF M	OCLIPLE DE	PENUENT	CLAIM		1	+145=		OR	+290=	
		•					L	TOTAL ODIT. FEE		٦,,,	TOTAL ADDIT, FEE	
	· · ·	(Column 1)		(Colum	n 2) .	(Column 3)						
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
~ -	Independent	*	Minus ⁻	***		=		X43=		OR	. X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	T CLAIM		-			1	000	
			•	•			L	+145= TOTAL		OR	+290= TOTAL	
		•					Αŧ	DDIT. FEE		OR	ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1).		(Column		(Column 3)			<u> </u>			
AMEINDINIEN C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
	ndependent	*	Minus ·	***		=	-	X4:3=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OA	+ +	,
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
™ ir t	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR A	TOTAL DOIT. FEE	
		per Previously Paid					found	in the appr	opriate box	in colui	mn 1.	